



**County of Sacramento  
Department of Finance  
Business License Section**

**BUSINESS LICENSE CHANGE FORM**

**LICENSE NUMBER(S)** \_\_\_\_\_

**Planning's Review** \_\_\_\_\_

**OFFICE USE ONLY**

Fee **\$10.00**

Cash \_\_\_ or Check # \_\_\_\_\_

Counter Receipt # \_\_\_\_\_

CHANGE MADE ON BLS

COMMENT SCREEN UPDATED

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**Owner Name(s)** \_\_\_\_\_

**Current Business Name** \_\_\_\_\_

**New Business Name**

**Add Partner(s)**

Partner	Name, Complete Address, Phone Number
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Partner	Name, Complete Address, Phone Number
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Partner	Name, Complete Address, Phone Number
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**Remove Partner(s)**

Partner

Partner

**Change or Add Type of Business or Business Activities (please describe)**

**New Mailing Address**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date